



IOWA MEDICARE RURAL HOSPITAL FLEXIBILITY PROGRAM (**FLEX**)

The Medicare Rural Hospital Flexibility (Flex) Program was created by Congress in 1997. The grant program is administered by the Health Resources Service Administration's (HRSA) Federal Office of Rural Health Policy. HRSA is a division of the U.S. Department of Health and Human Services. The Flex Program allows small hospitals to be certified as Critical Access Hospitals (CAHs) and offers grants to states to implement initiatives to strengthen rural health care infrastructure and develop cooperative systems of care in rural areas, joining together CAHs, EMS providers, clinics, and health practitioners to increase efficiencies and quality of care.

In Iowa, programs and services are created with Flex funding and provided to CAHs at no cost. Through Flex, CAHs are given access to expert consultants, trainings and education, and technical assistance in the core Flex areas.

GOALS

The Flex Program requires states to develop rural health plans and funds their efforts to implement community-level outreach and technical assistance to advance the following goals:

- Improve the financial and operational outcomes of CAHs
- Understand the community health and EMS needs of CAHs
- Improve quality of care provided by CAHs
- Enhance the health of rural communities through community/population health improvement
- Improve identification and management of time critical diagnoses and engage EMS capacity and performance in rural communities
- Support the financial and operational transition to value based models of health care payment

FLEX PROGRAM AREAS

The Flex Program is organized into six program areas with goals, objectives and related activities.

1.

Quality Improvement

2.

Operational and Financial Improvement

3.

Population Health Improvement

4.

Rural EMS Improvement

5.

Innovative Model Development

6.

CAH Designation

WHAT IS MBQIP?

The Medicare Beneficiary Quality Improvement Project (MBQIP) is a quality improvement activity under the Flex grant program. The goal of MBQIP is to improve the quality of care provided in CAHs by increasing quality data reporting by CAHs, then driving quality improvement activities based on the data.

MBQIP data is reported on various measures in four domains: Patient Safety/Inpatient, Patient Engagement, Care Transitions and Outpatient.

ELIGIBILITY

CAHs must meet MBQIP eligibility criteria. For FY2020 eligibility, CAHs must have reported data on at least **1 measure** for at least **2 quarters** in at least **3 MBQIP core domains** for the applicable reporting periods.

If you do not meet these requirements, or if you have questions about this, please contact the Flex Program Coordinator.

WHY PARTICIPATE IN FLEX?

CAH participation in the Flex program is highly encouraged and at no cost to the hospital. The Iowa Department of Public Health supports various programs that are announced annually. Each Iowa CAH is given the opportunity to participate in all of the Flex programs.

76% of CAHs reported improvement following participation in quality improvement initiatives

MBQIP encourages CAHs to report on a core set of measures and to engage in quality improvement initiatives

53% of CAHs improved on a financial measure after participating in in-depth financial assessment and improvement activities

CAHs are given access to expert consultants, trainings and education, and technical assistance in the core Flex areas

More than 90% of rural EMS agencies reported improvement in capacity in responding to time critical diagnoses

FOR MORE INFORMATION

CONTACT

Cassie Kennedy
Flex Program Coordinator
cassie.kennedy@idph.iowa.gov
515-330-5755

VISIT

<https://www.hrsa.gov/rural-health/rural-hospitals/index.html>
<https://www.ruralcenter.org/tasc/flex>
<https://www.ruralcenter.org/tasc/mbqip>